

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8773
989

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>				a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			
c. LENGTH OF STAY (in this place) <u>—</u>				d. STREET ADDRESS (If rural, give location) <u>3320 Denver</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>							
3. NAME OF DECEASED				4. DATE OF DEATH			
(Type or Print) <u>William H. Johnson</u>				(Month) (Day) (Year) <u>Mar 1 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 11 - 1904</u>	
9. AGE (In years last birthday) <u>35</u>		10. UNDER 1 YEAR <u>—</u>		11. UNDER 15 HRS. <u>—</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laundry Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Laundry</u>		11. BIRTHPLACE (State or foreign country) <u>Mo. D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bob Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie</u>		14. NAME OF HUSBAND OR WIFE <u>Clay Johnson</u>		15. ADDRESS <u>3320 Denver</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-14-7946</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cles Johnson</u>		18. ADDRESS <u>3320 Denver</u>	
18. CAUSE OF DEATH				19. MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Bullet Wound</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS <u>Abdominal</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>Exploratory operation on Gun Wound</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Gun Wound</u>		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) <u>3320 Denver</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>7/1/1950 12:25</u>	
21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR? <u>Gun Shot Wound</u>		21g. NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Thos. A. Jones</u>				23b. ADDRESS <u>1612 E. 12th</u>		23c. DATE SIGNED <u>3/2/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-3-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Moore</u>		ADDRESS <u>1820 E. 18</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

HB Moore

Signed
Student Embalmer

Licensed Embalmer No. 2410

P. O. Address 1820 E. 18 st

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.